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WITNESS TO MORTALITY

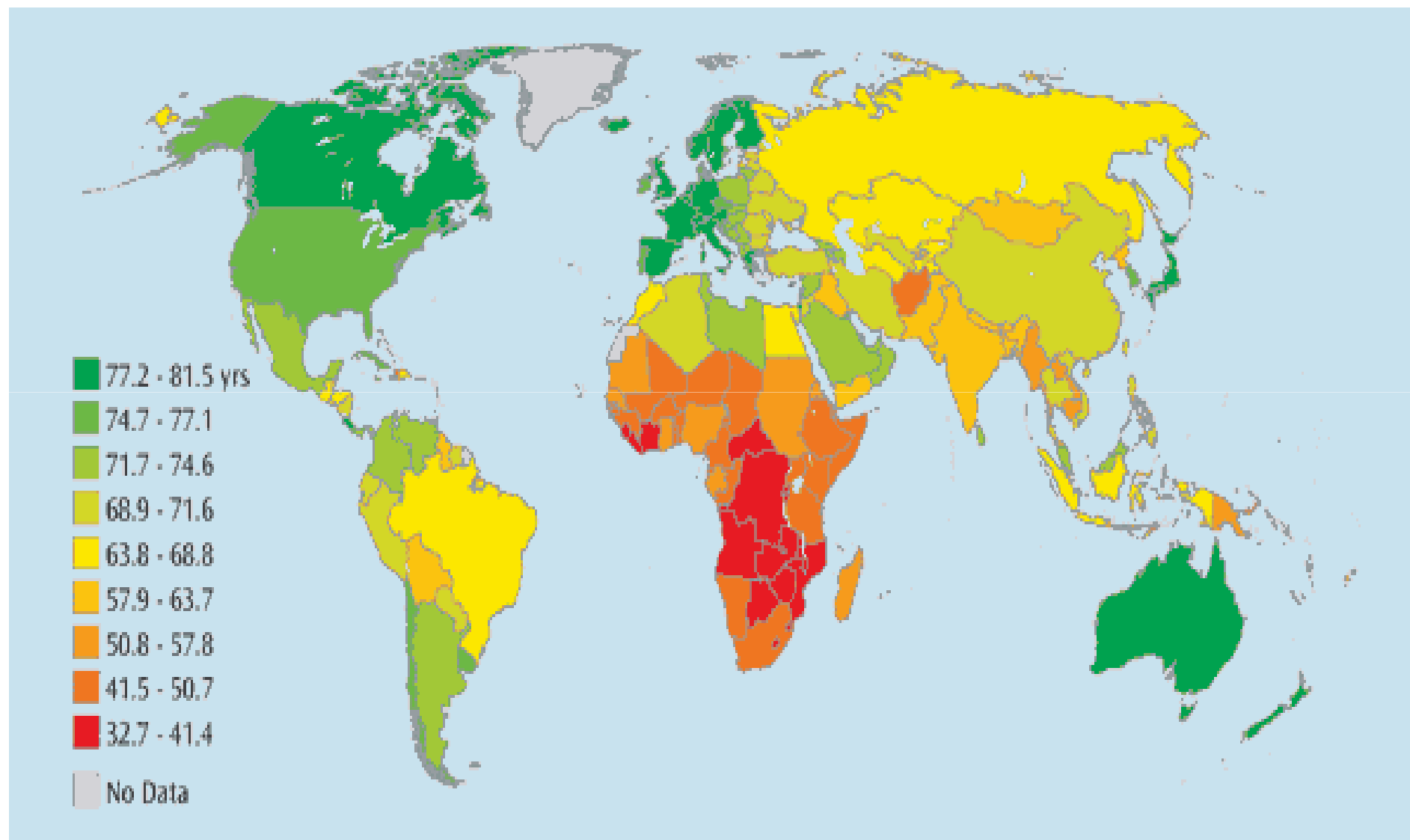
Photograph by J McKenzie



Dramatic inequities dominate global health today



Life expectancy at birth



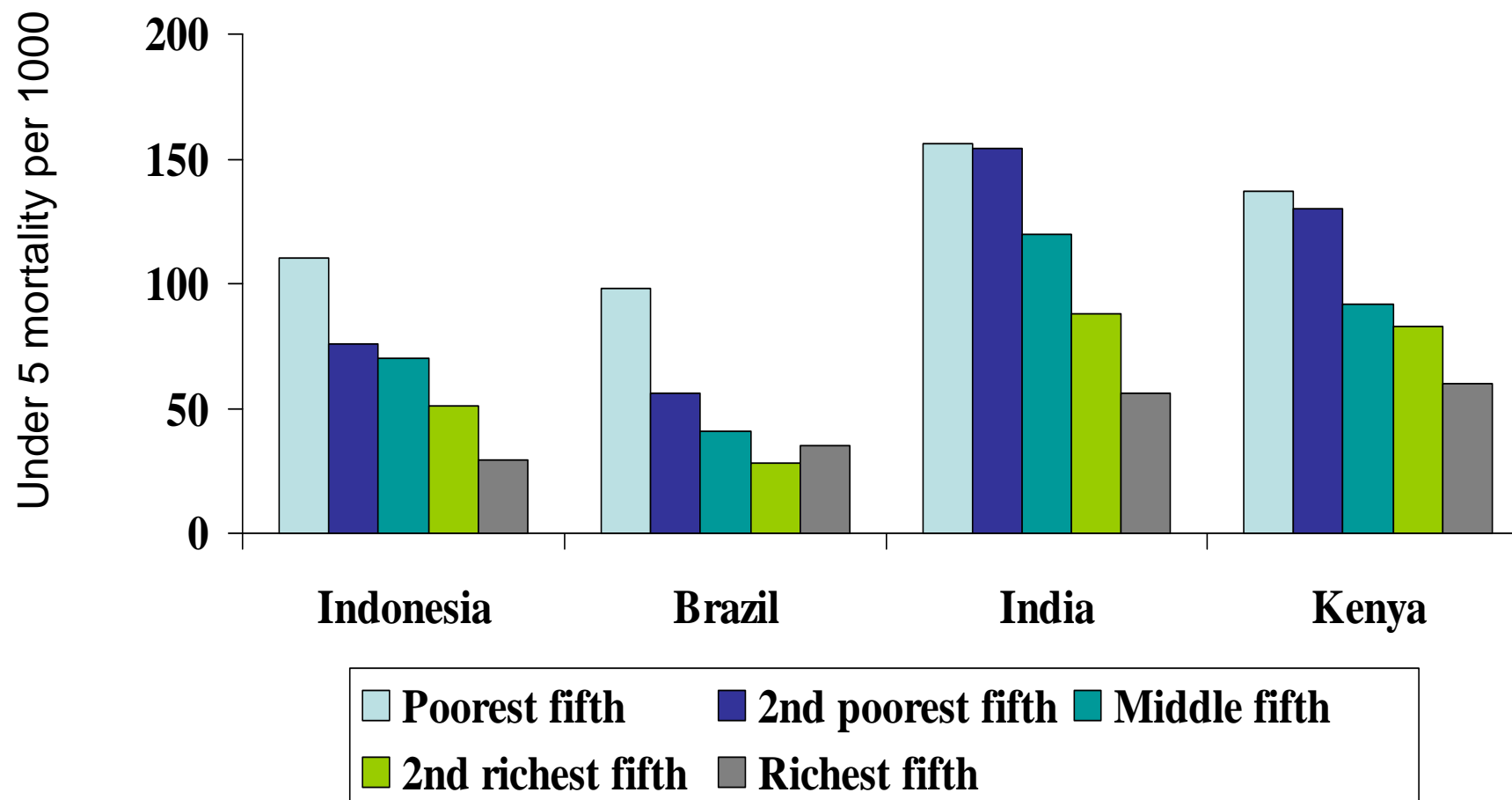


**A social gradient in health exists in
all countries**



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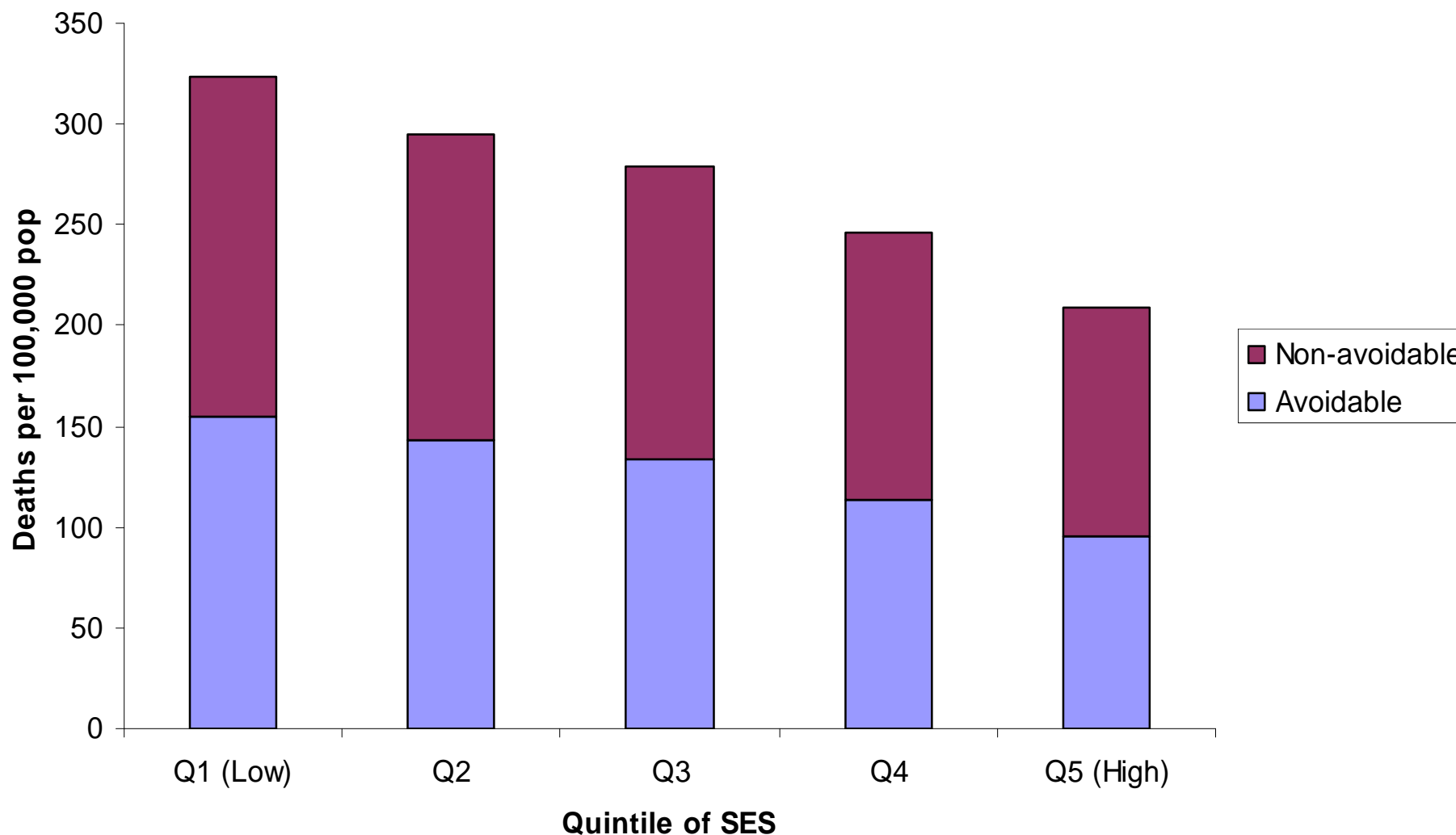
Under 5 mortality rates, select countries, by household wealth





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Age and sex-adjusted mortality rates, Australia, aged less than 75 years, 2002





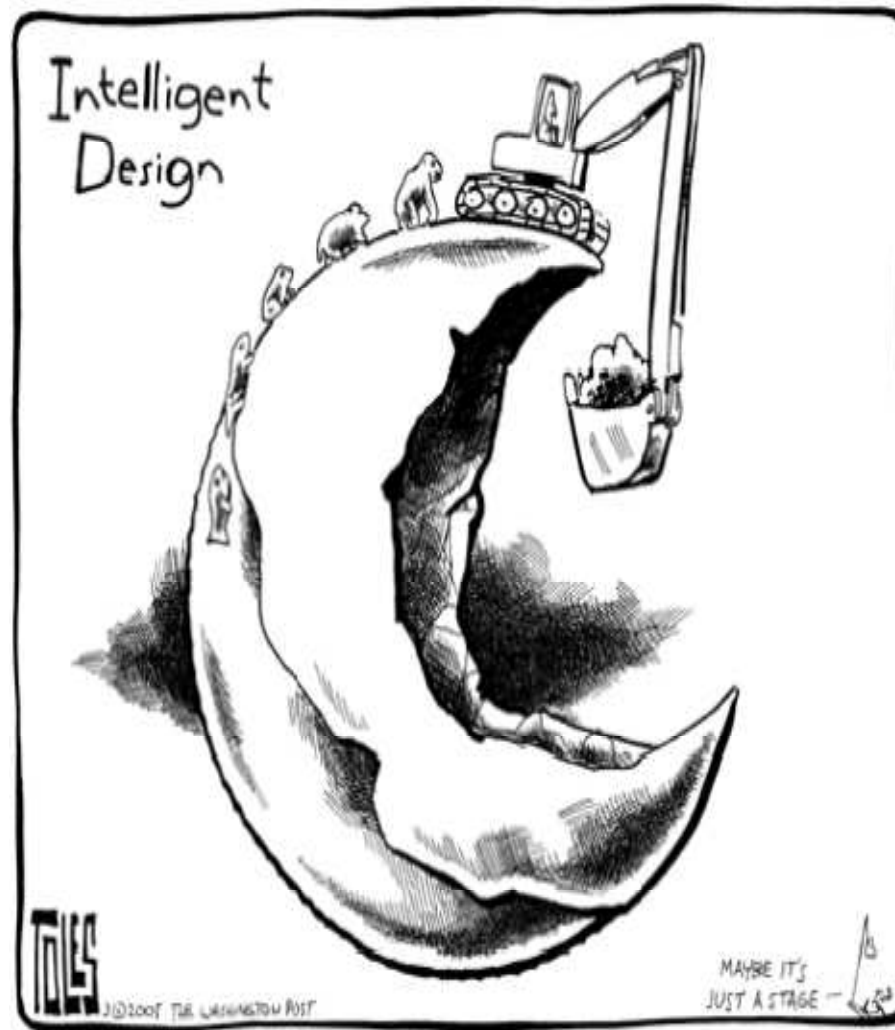
Life expectancy at birth (men)

Glasgow (working class area)	54
Australian Indigenous	59
India	61
Philippines	65
Lithuania	66
Mexico	72
US	75
UK	76
Australian average	79
Greater Glasgow (affluent area)	82



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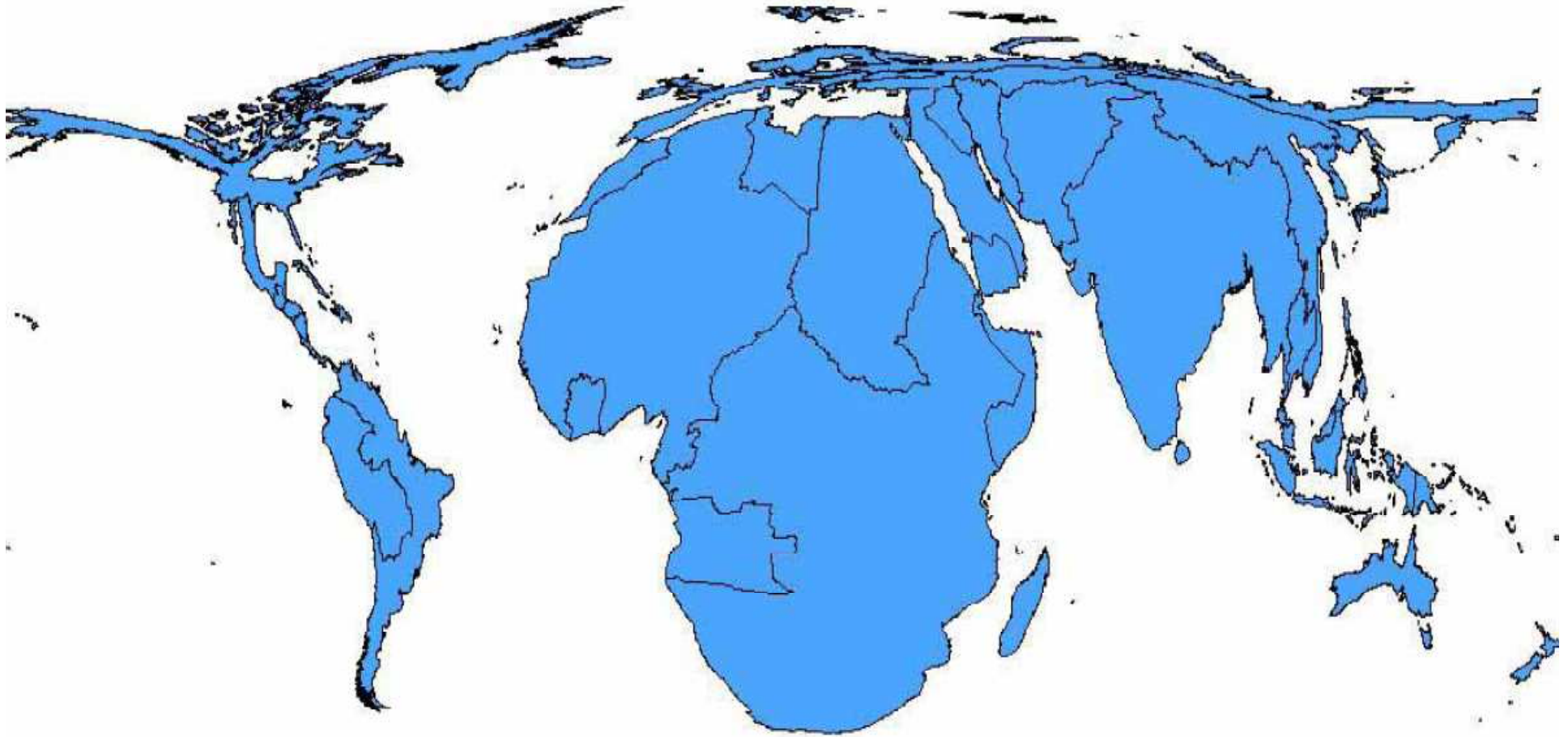
Confluence of Agendas





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Deaths attributable to climate change between 1970s and 2000



Density-equalling cartogram. 4 health outcomes – malaria, malnutrition, diarrhea, inland flooding fatalities



EXPLANATIONS

Economic Growth?



GDP per capita and Life Expectancy

	<u>LE at birth</u>	GDP per capita (PPP US\$)
Japan	82.6	42,283
Australia	81.2	50,748
Sweden	80.9	48,897
Spain	80.9	30,549
France	80.7	38,448
UK	79.4	36,343
Costa Rica	78.8	7,691
Cuba	78.3	5,397
US	78.2	47,153



EXPLANATIONS

Medical care?



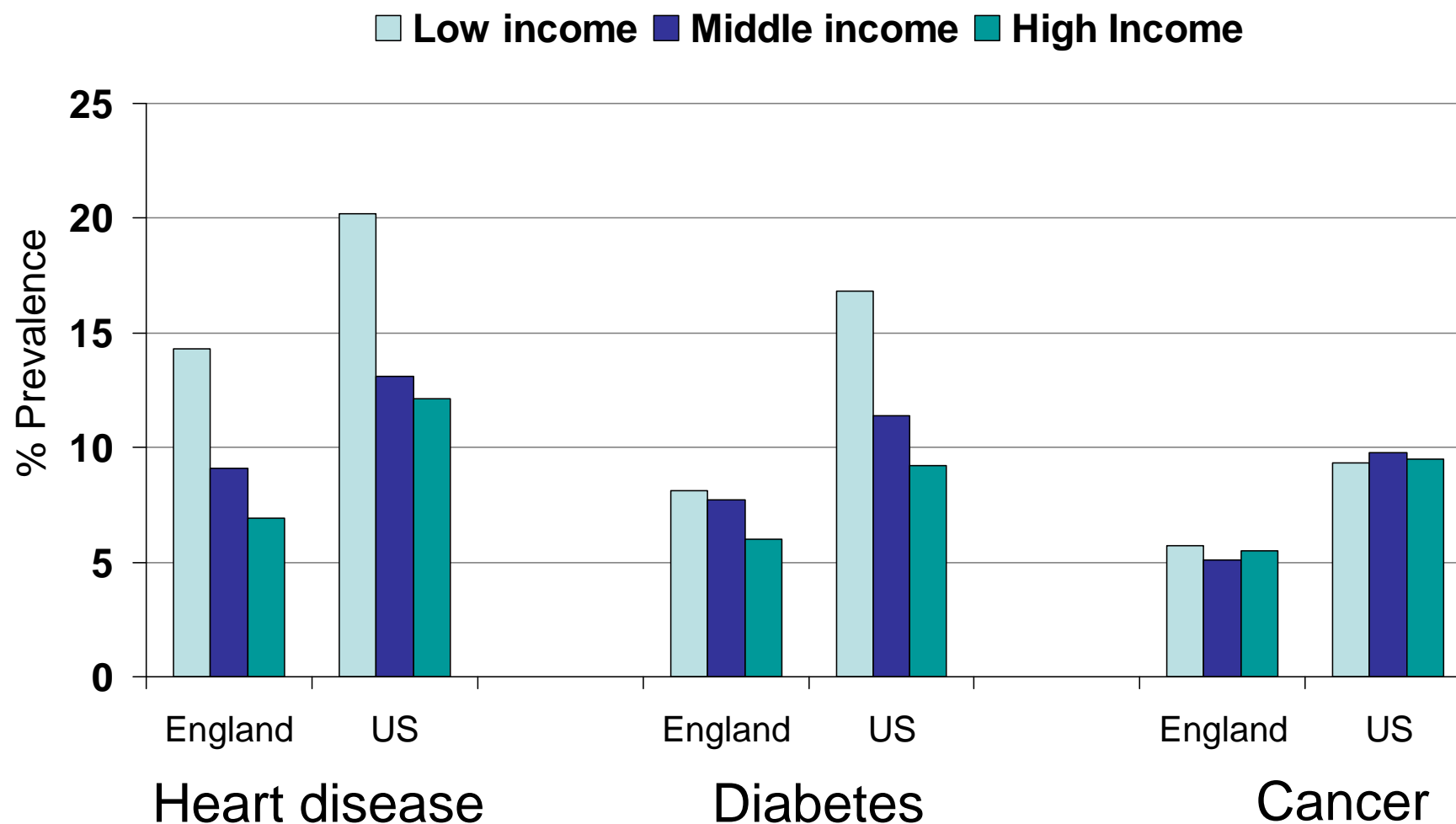
Expenditure on Medical Care per capita in US and UK

- United States:
 - US\$ 5274
- United Kingdom:
 - US\$ 2164 (adjusted for purchasing power)



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Health Differences between England and the USA, 55-64 year olds





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Commission on
Social Determinants of Health

“Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death”

CSDH, 2008

Closing the gap in a generation

Health equity through action on
the social determinants of health



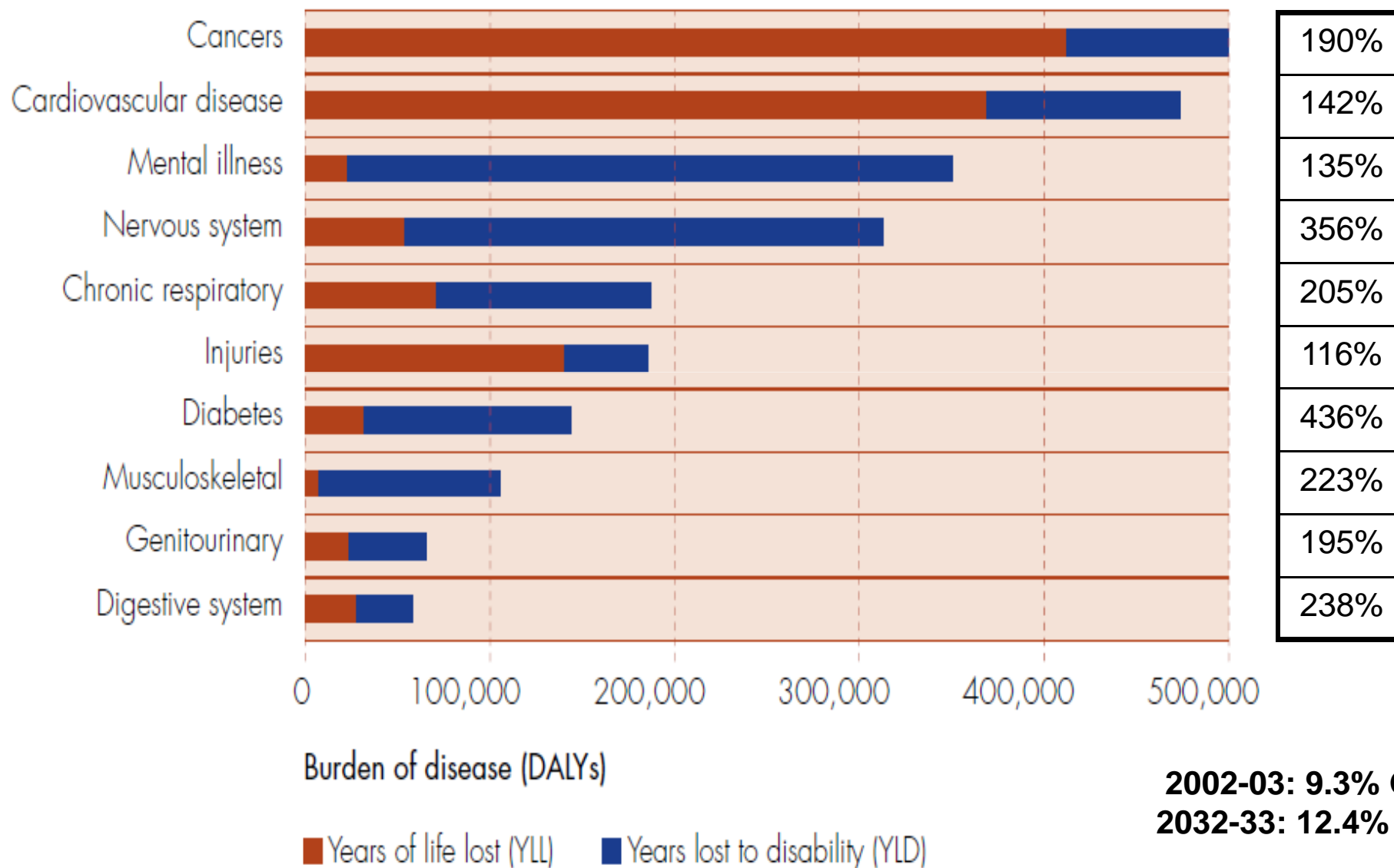
Cant afford not to address health inequities

Between 2003 and 2006:

- The combined costs of health inequalities and premature death in the United States were \$1.24 trillion
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion

Australia's pressurised health system

Change in health expenditure 2002-03 to 2032-33



2002-03: 9.3% GDP
2032-33: 12.4% GDP



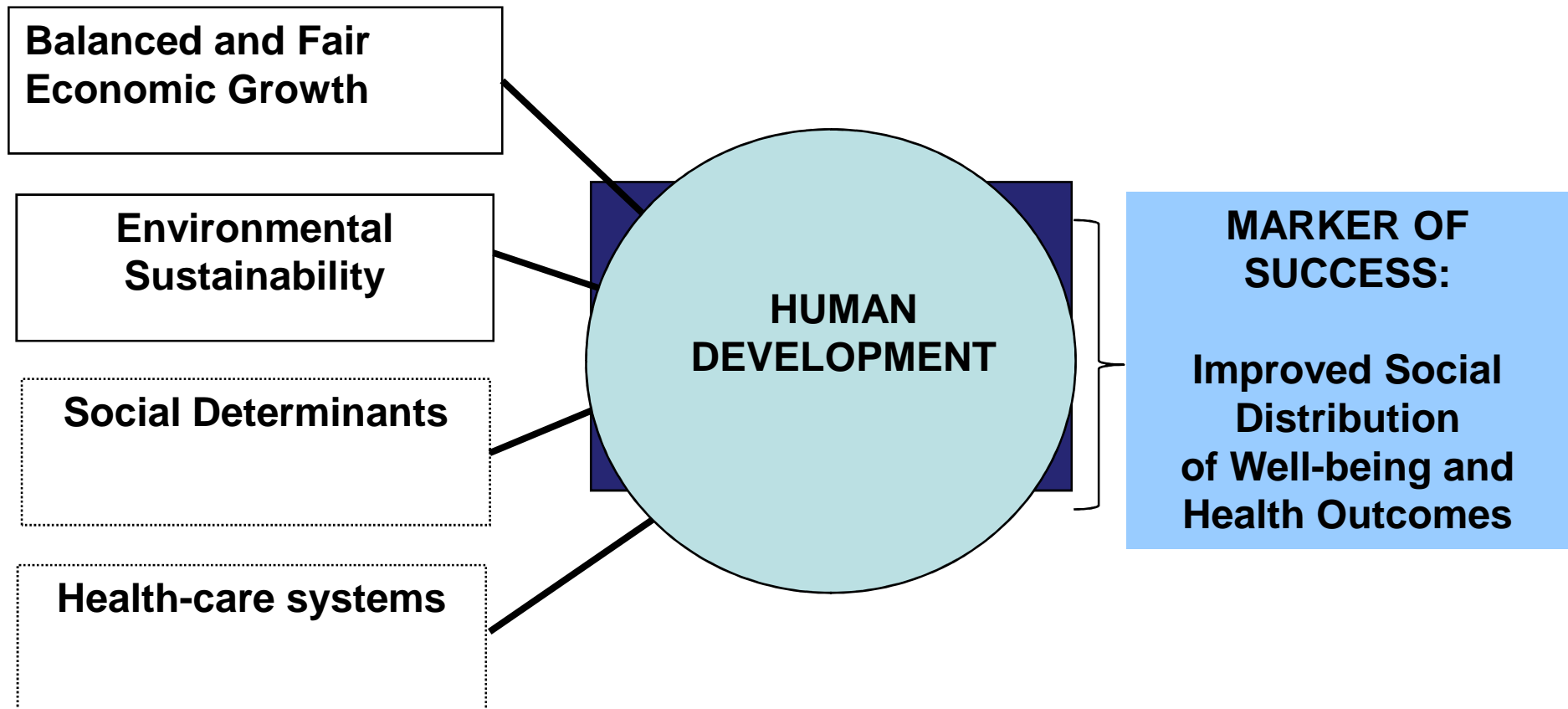
Freedom

“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead... we not only value living well and satisfactorily, but also appreciate having control over our lives.”

Sen, Development as Freedom (1999)



People-centred development

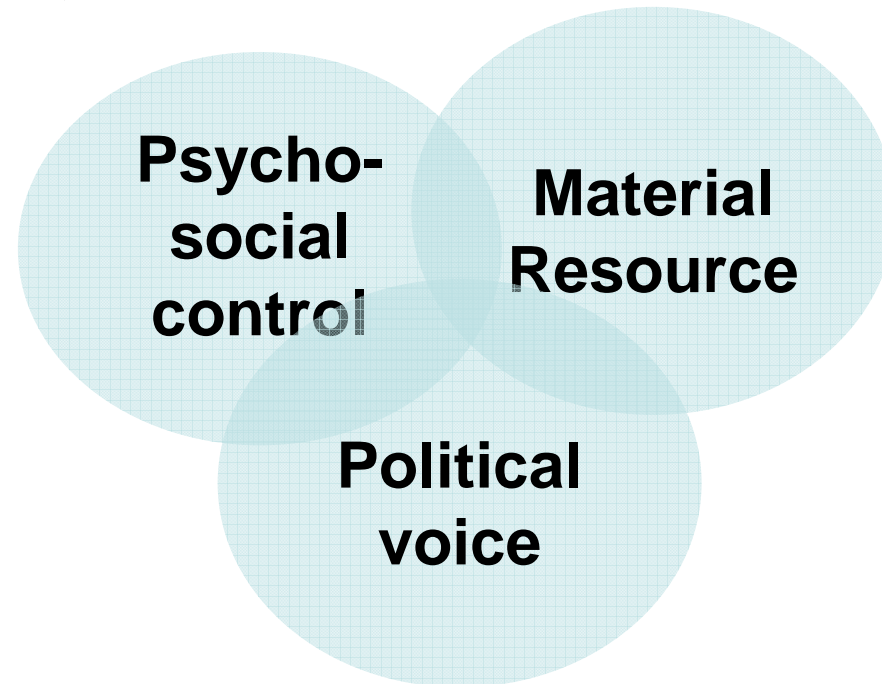




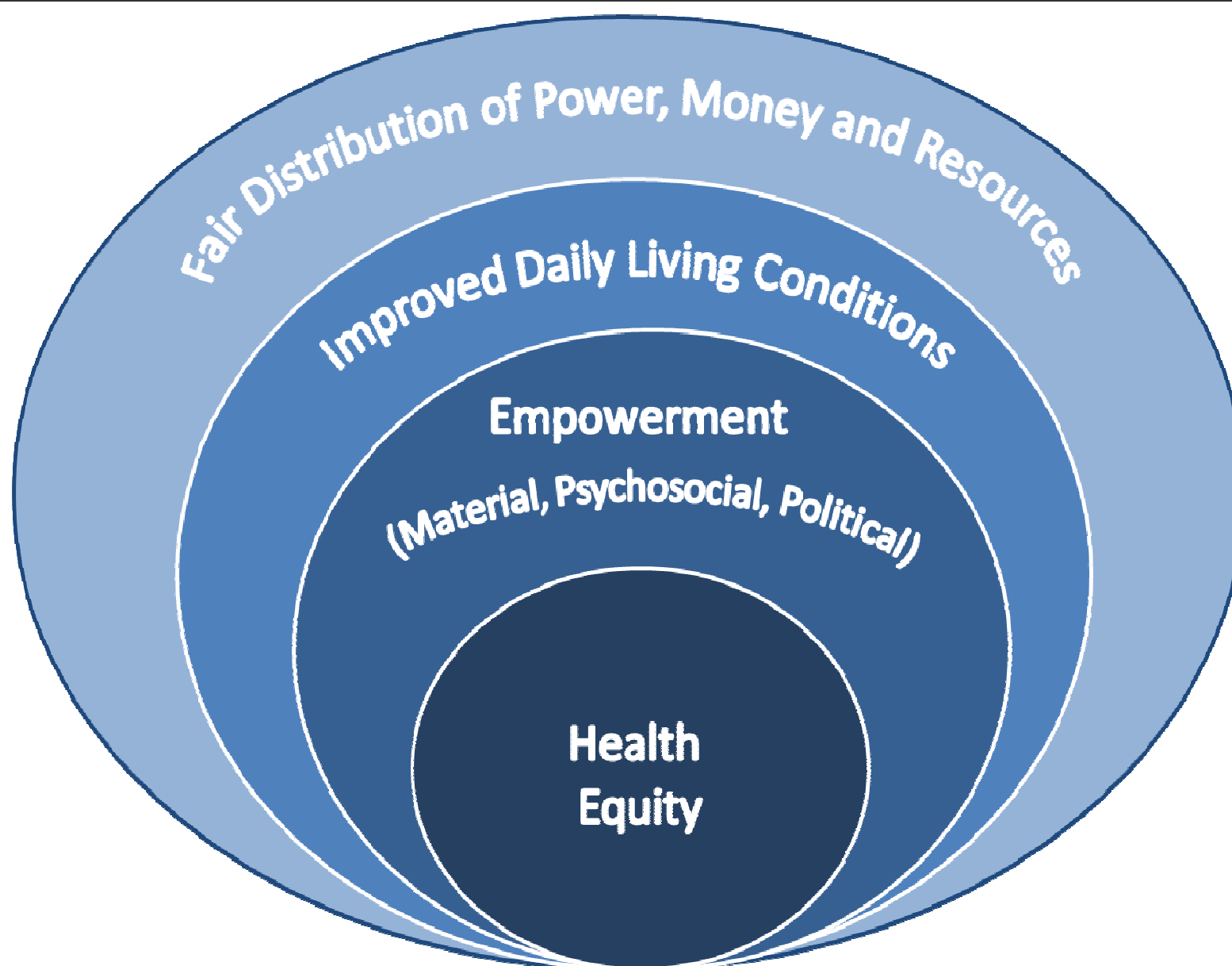
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Freedom & Empowerment

People, communities and nations need



in order to lead a life they have reason to value,
prevent poor health, to treat illness, to mitigate
climate change and to deal with/adapt to current
climate change



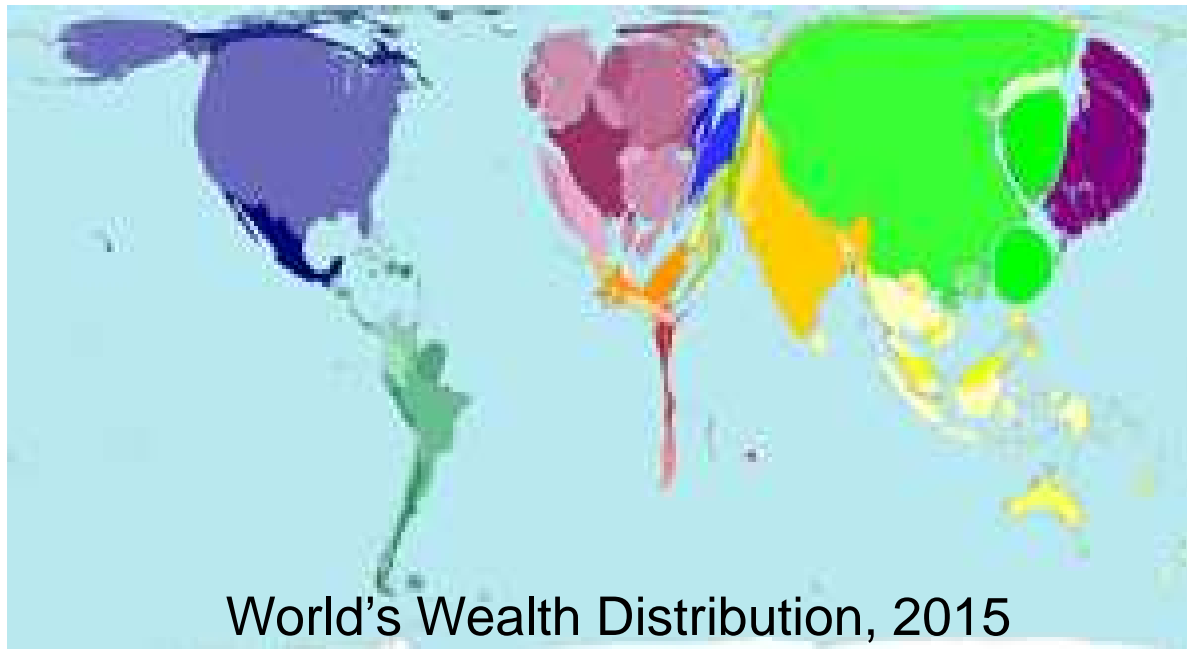


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Power, money and resources

“in a world that is so divided by inequalities in wealth and opportunity, it is easy to forget that we are part of one humanity”

Desmond Tutu in HDR, 2007.

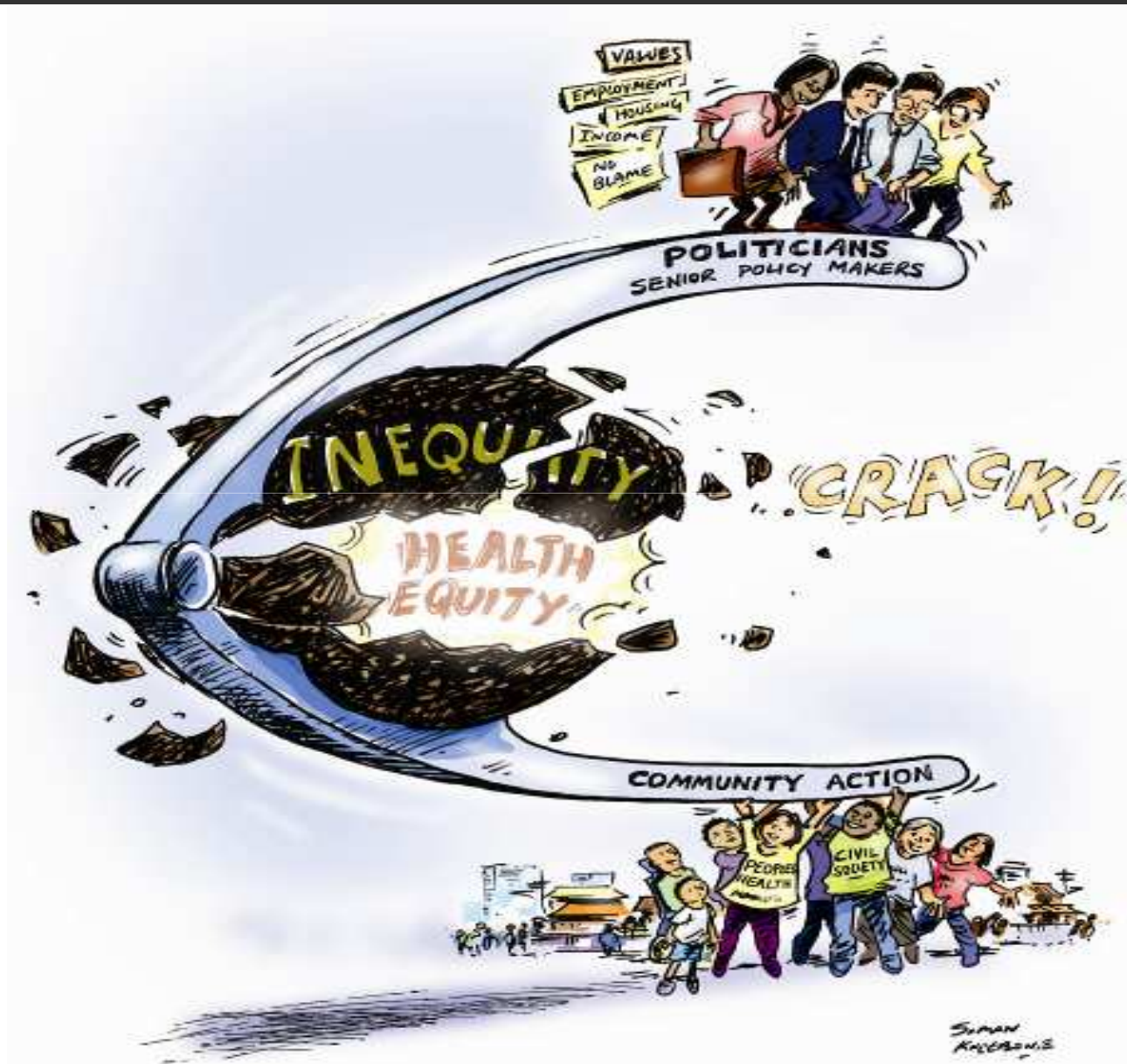


World's Wealth Distribution, 2015



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Power & Governance

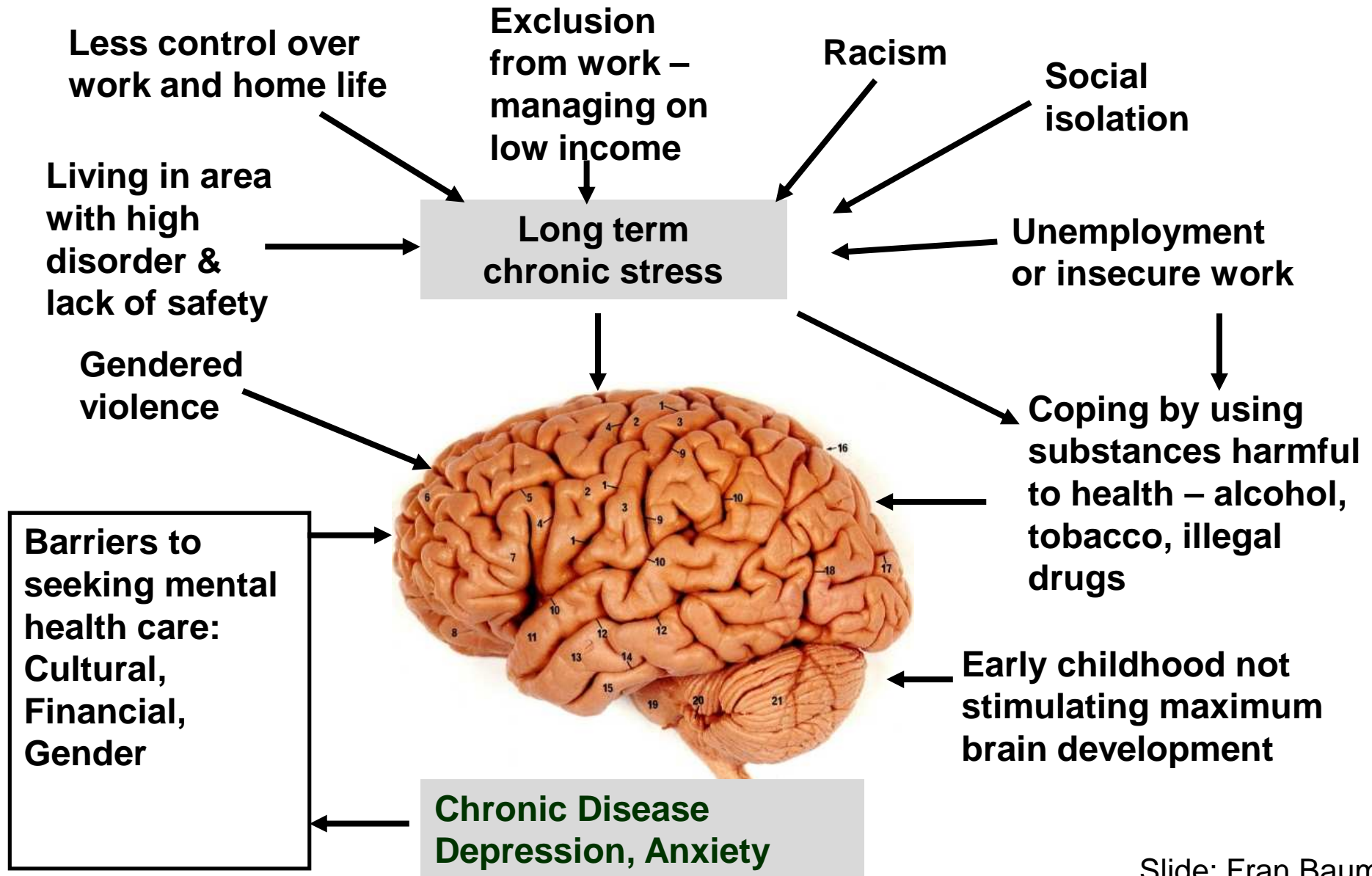


Courtesy of
Fran Baum



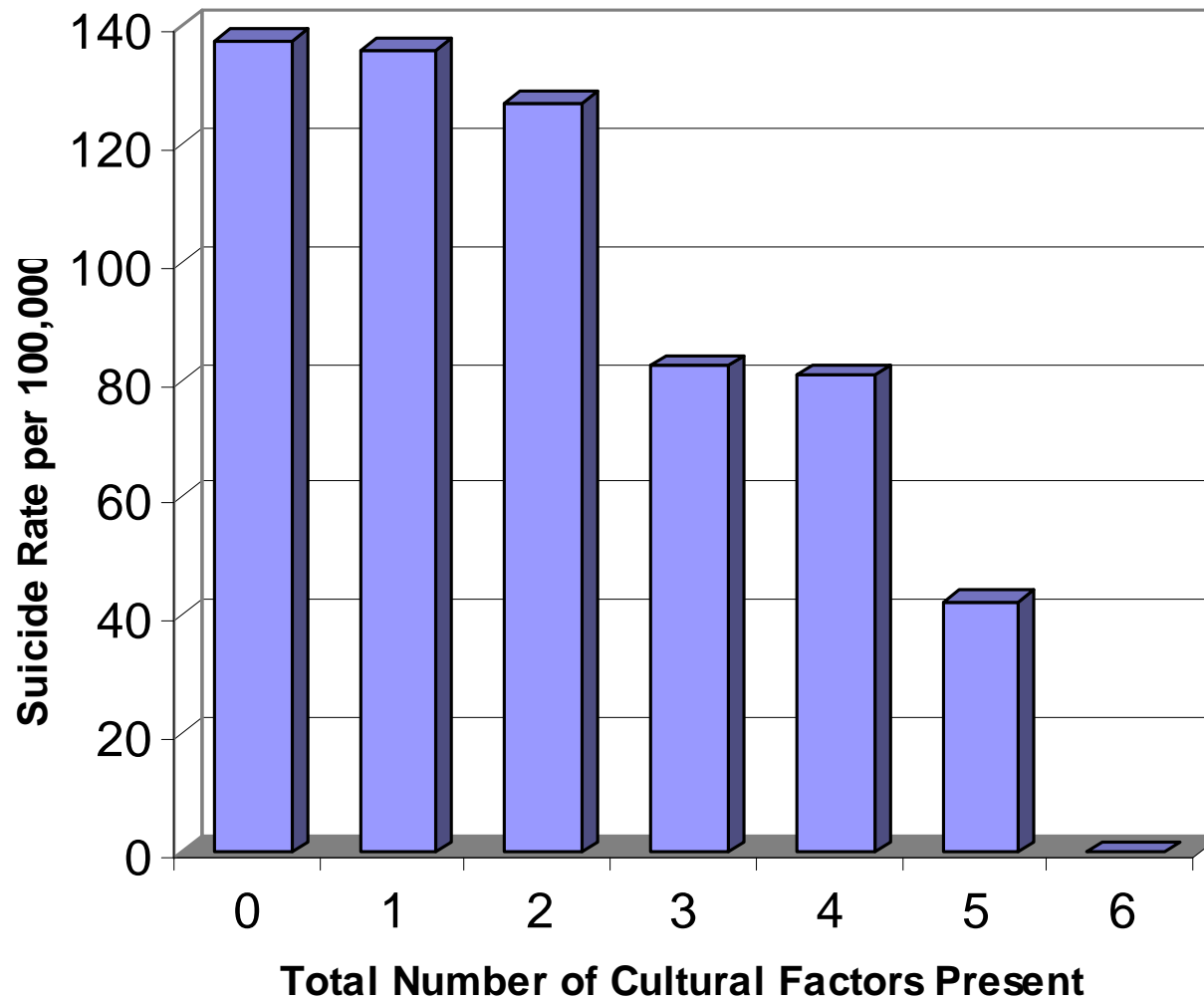
- Political, economic and social processes that systematically result in the exclusion of some groups from the benefits of society
- Reflects power relationships and those who are excluded generally lack power and have to struggle to gain power

How social exclusion gets into our brains





Indigenous control, Canada



Cultural Factors:

- Self-government
- Land claim participation
- Community controlled health services
- Education
- Cultural facilities
- Police/fire services



Promoting inclusion of marginalised groups

- Through political and legal instruments
 - The Treaty of Waitangi in New Zealand provides formal constitutional recognition for Māori indigenous rights, and underpins the relationship between the government and indigenous people.



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Photo courtesy of Dr AV Buckner, Morehouse School of Medicine

New Orleans:

- Community development
- Empowerment



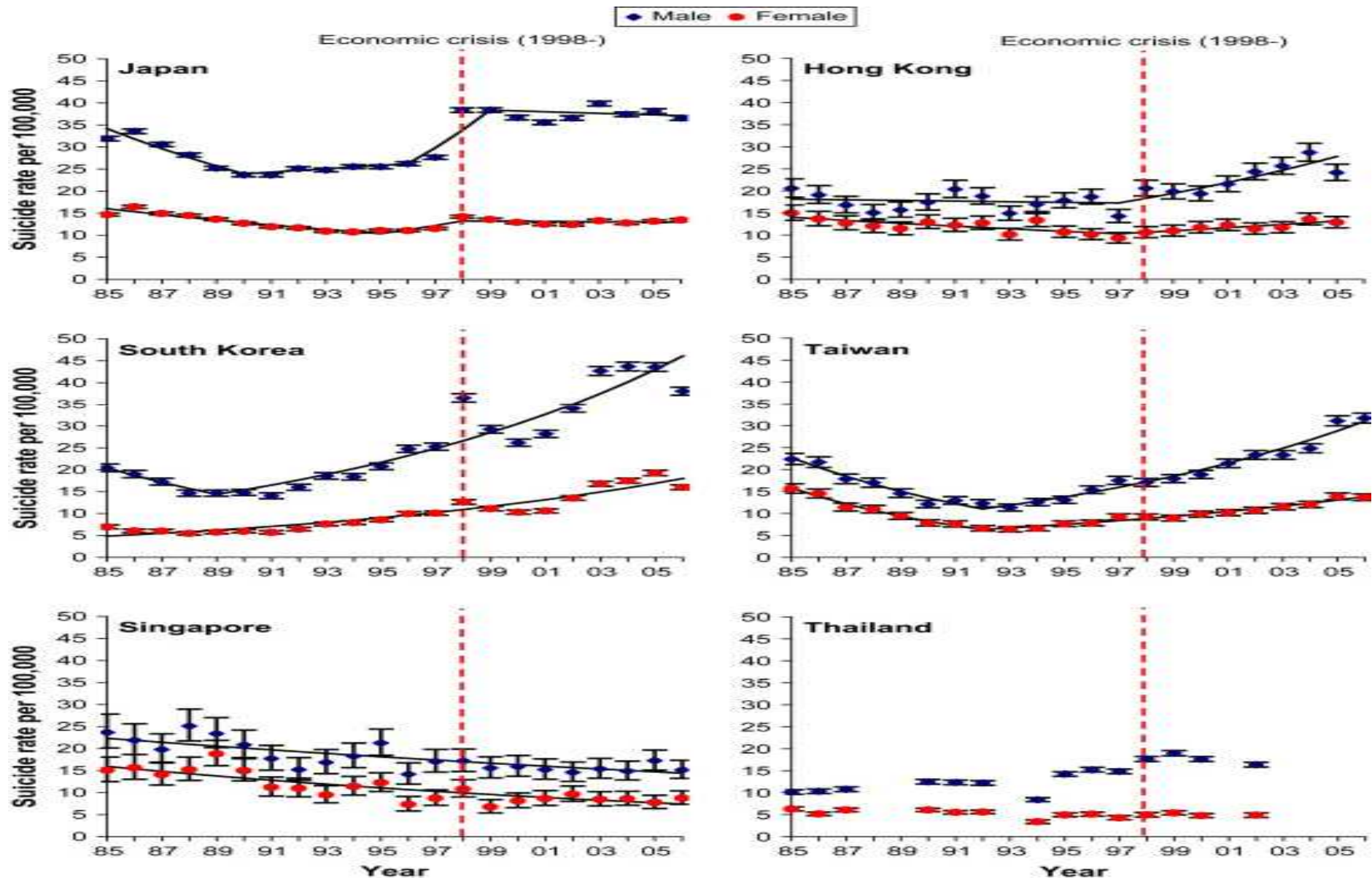


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Money matters

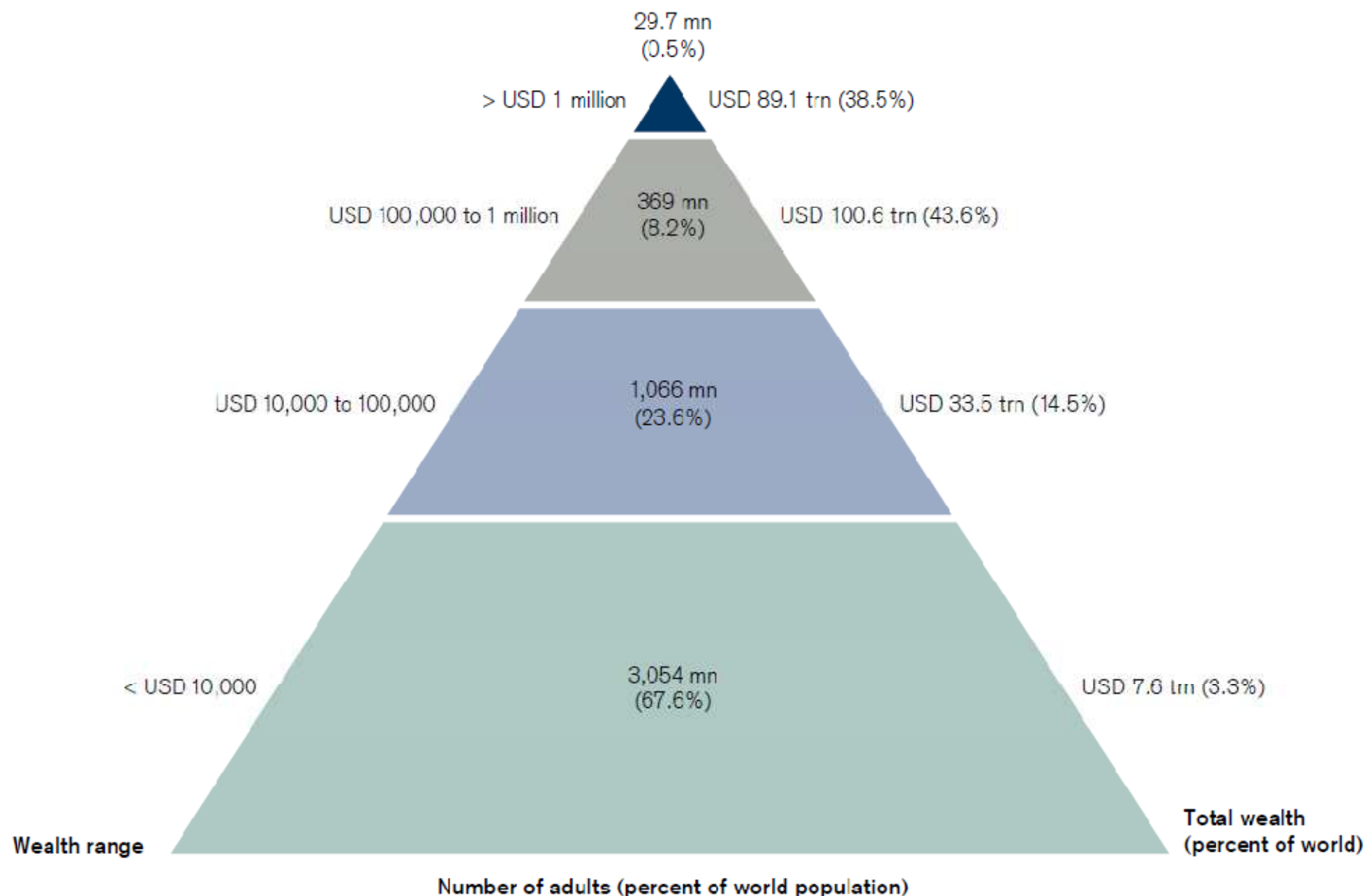


Financial crises and suicide in Asia



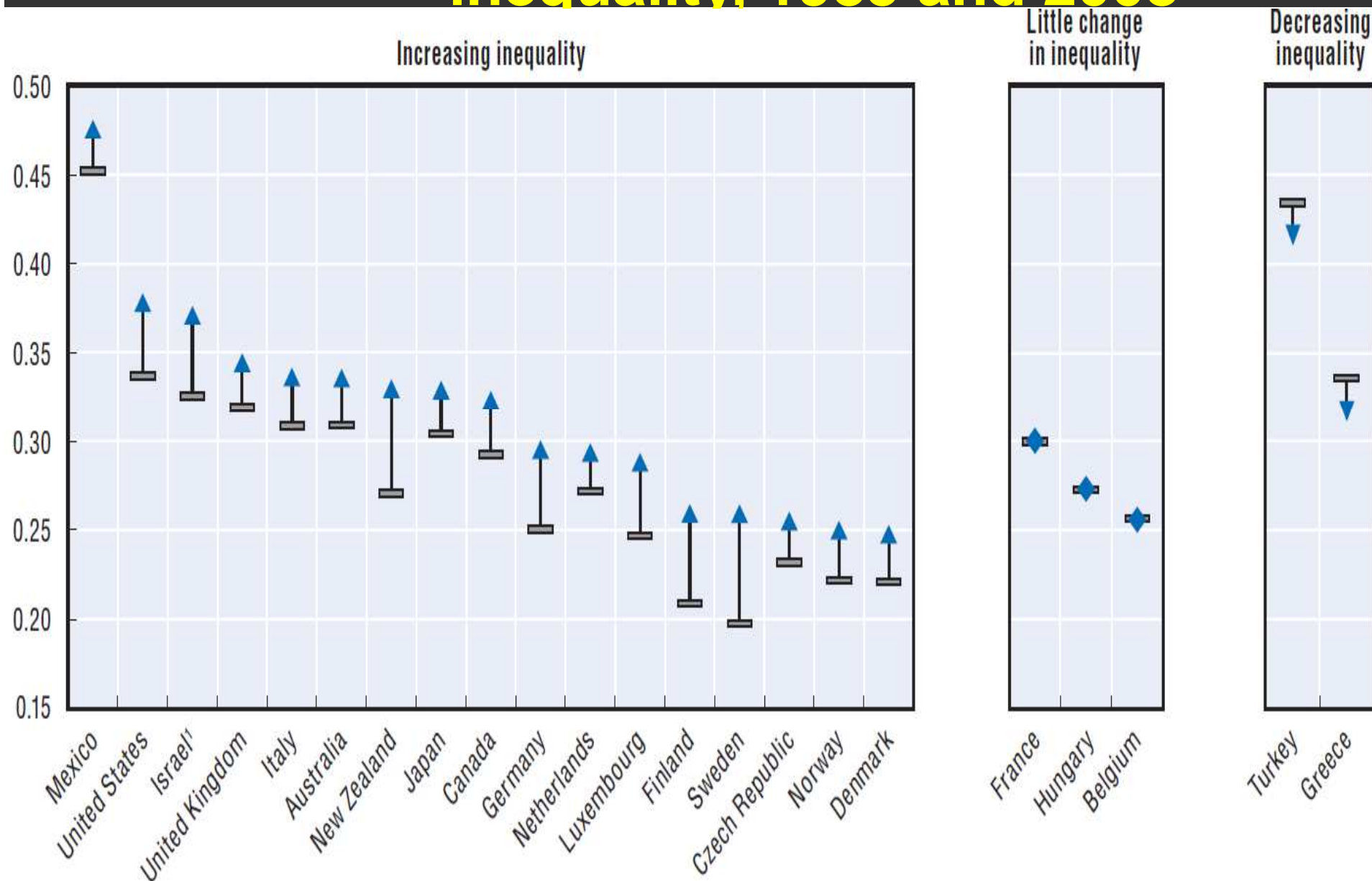


Global wealth pyramid 2011



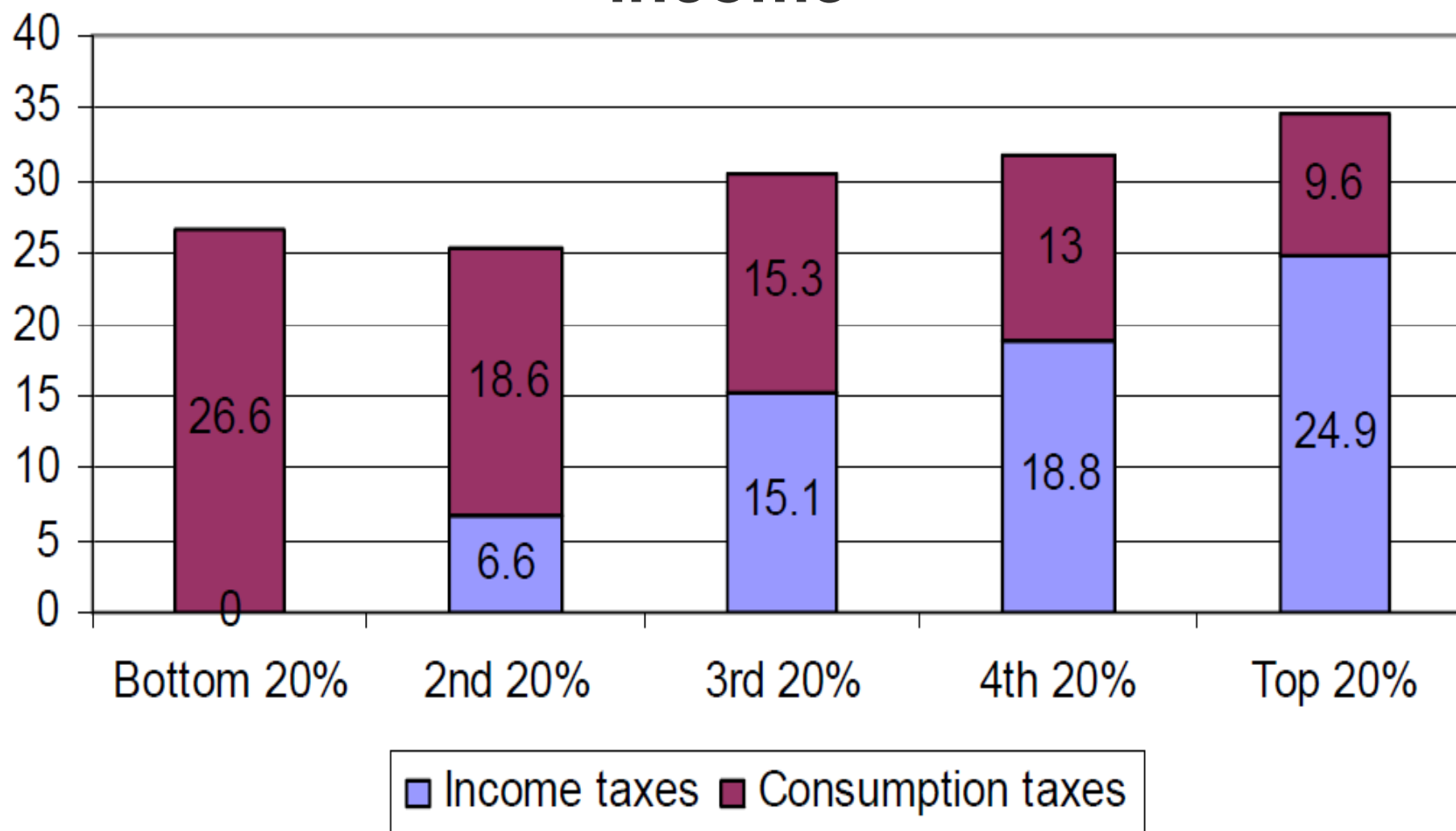


Gini coefficients of income inequality, 1985 and 2008





Income & consumption taxes as % household income





Improving daily living conditions



- Equity from the Start
- Healthy Places
- Fair Employment and Decent Work
- Social Protection
- Universal Health Care



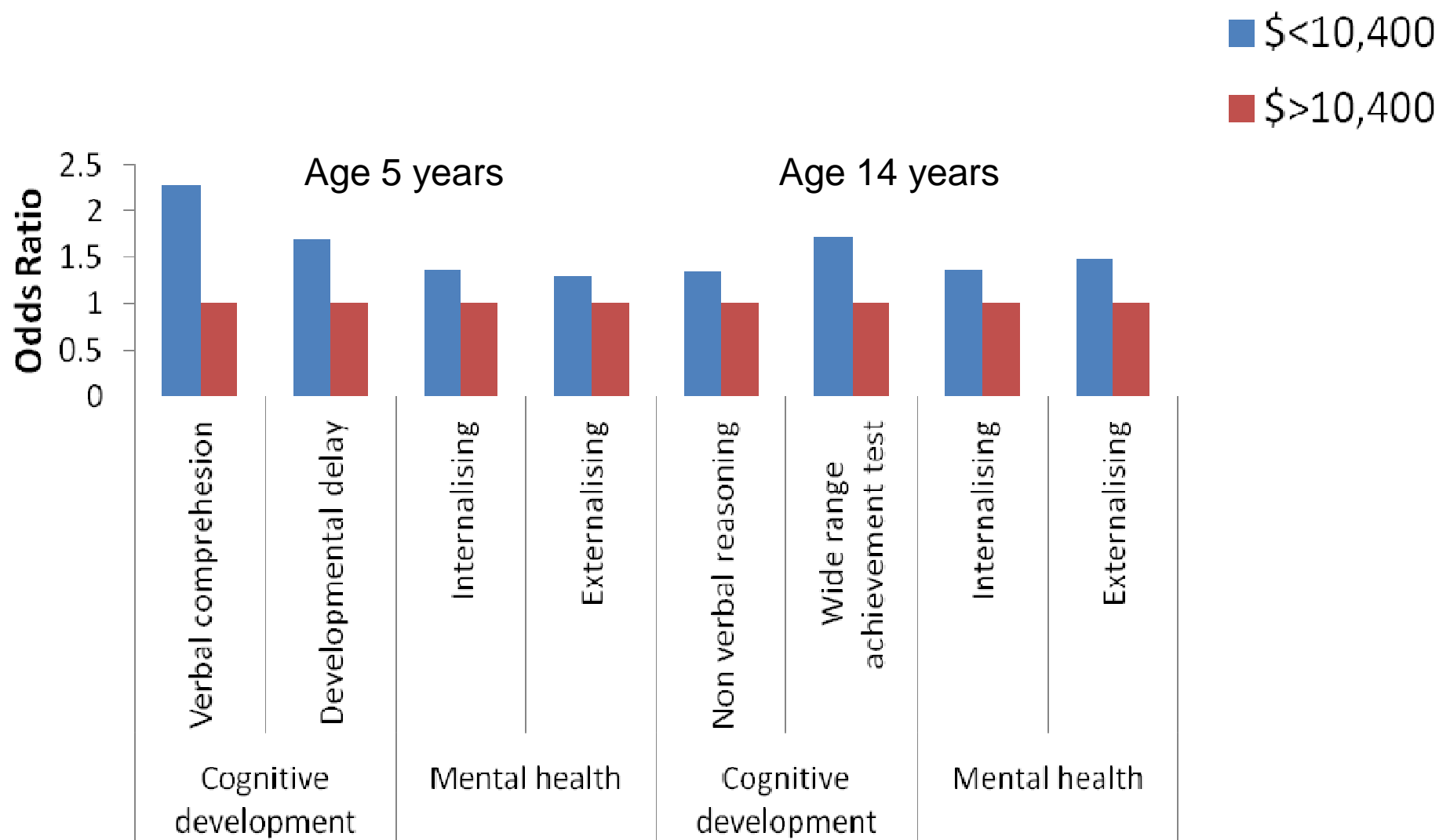
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Early Life

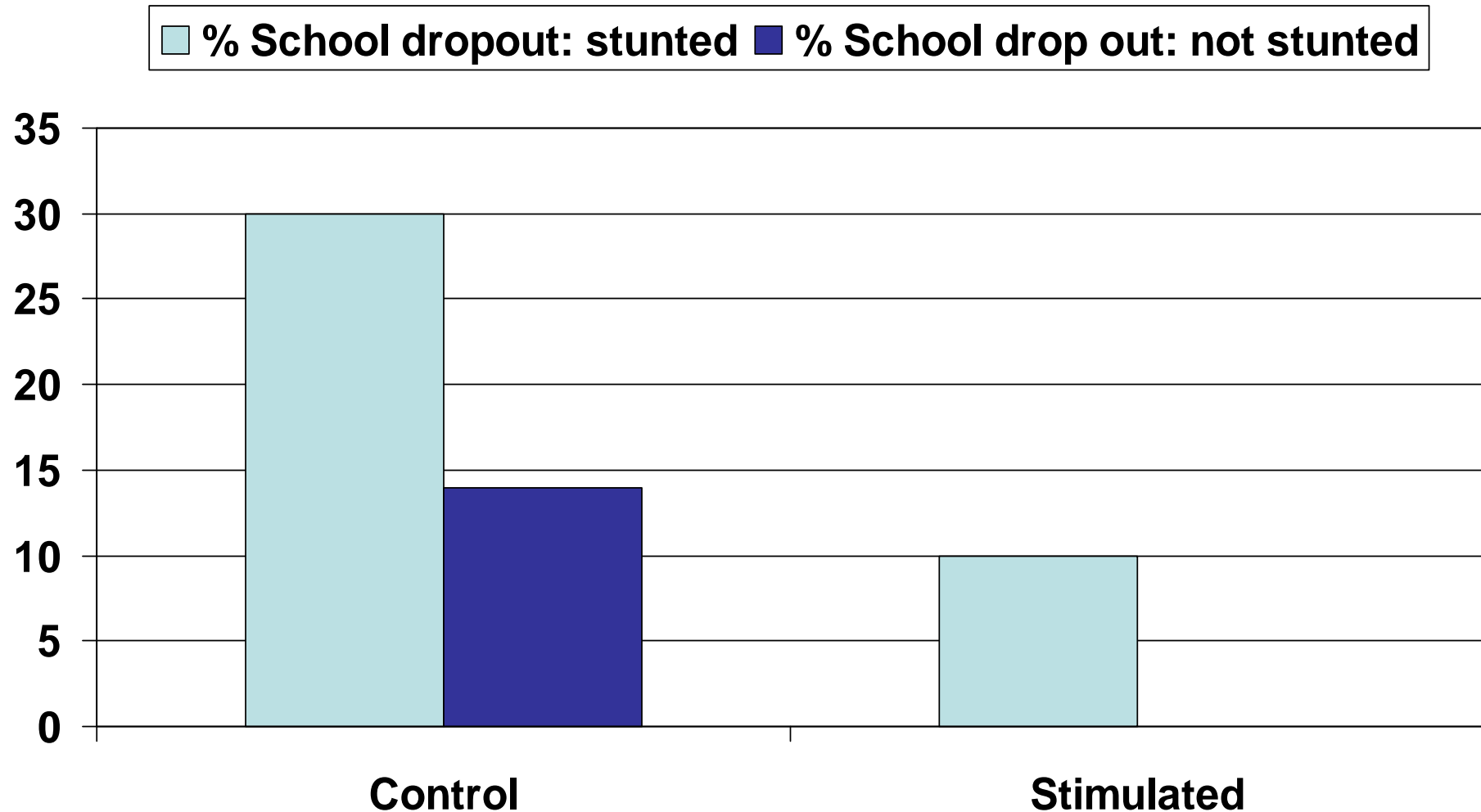




Transmission of socioeconomic inequities in child development in Australia

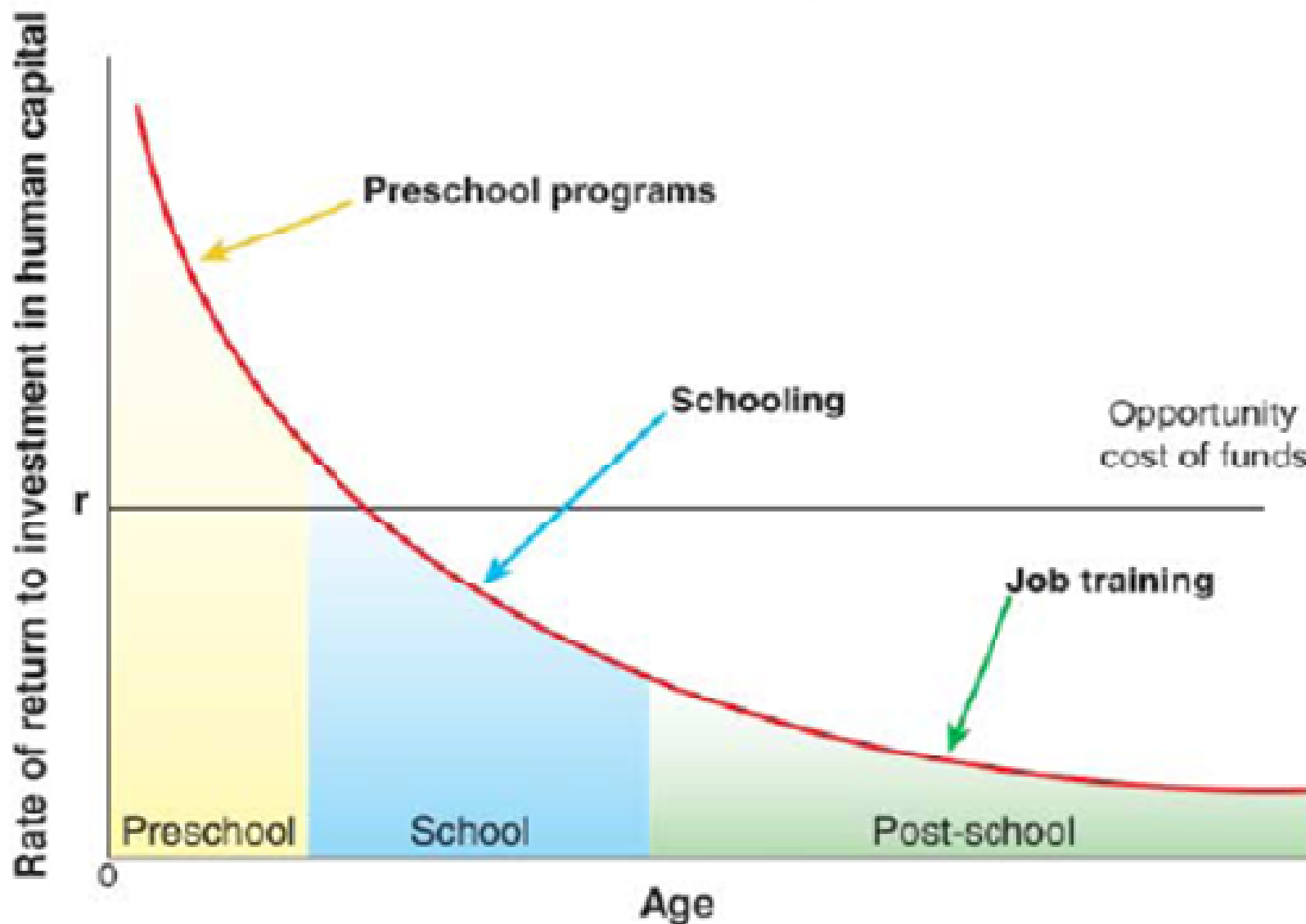


Effect of psychosocial stimulation in early childhood on school drop out age 17-18: Jamaican cohort study





Rates of return to human capital investment in disadvantaged children





The concrete road to freedom?



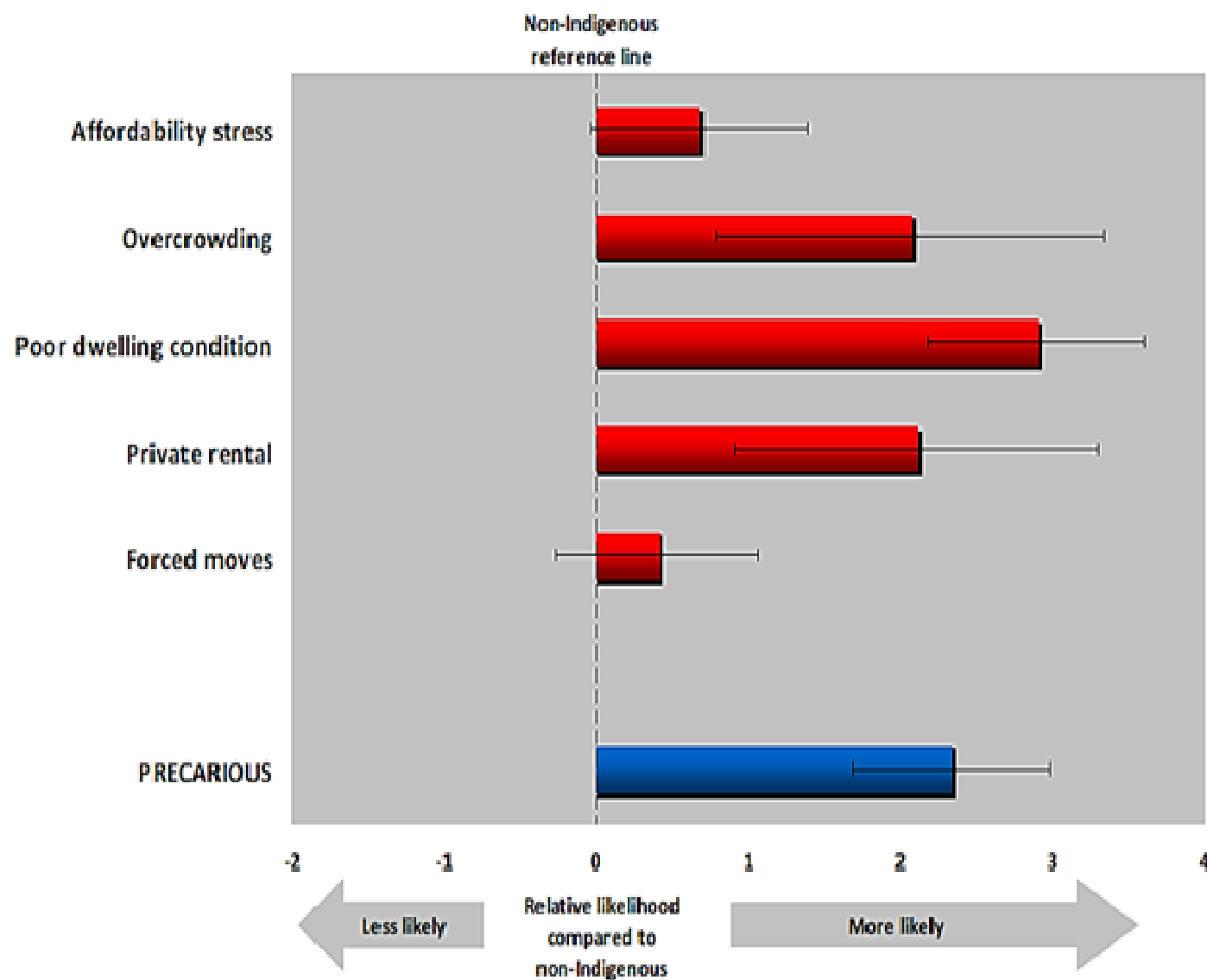
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An urban design issue





Housing and health



Canberra:

- 54% people live in housing stress
- 1,364 are homeless



lack of privacy and lack of safety contribute to
lack of belonging

“Are we moving again this week?”

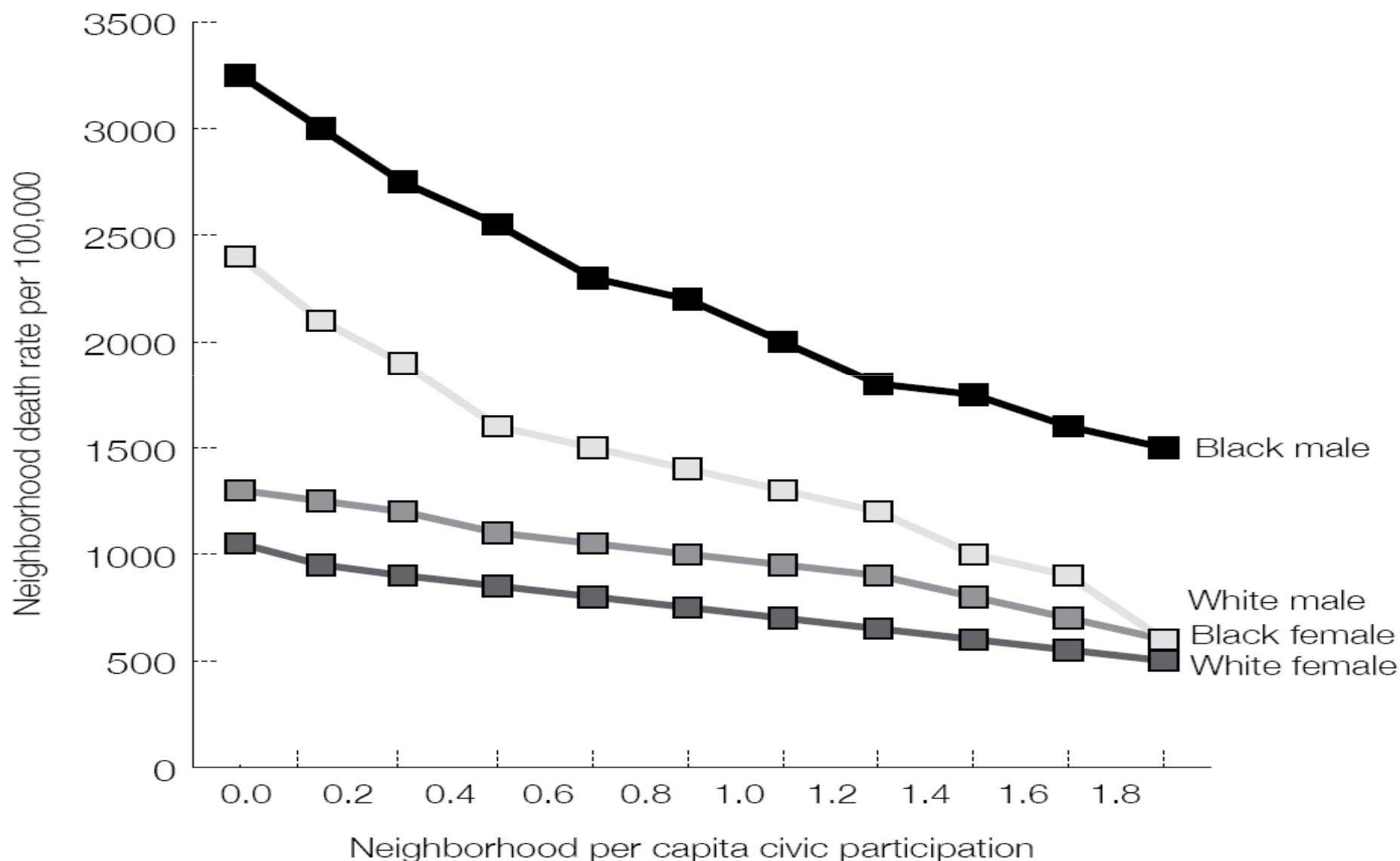
Children reported most vividly their sense of
insecurity, stress, and unhappiness associated with
homelessness

Kirkman *et al* Social Science & Medicine 70 (2010) 994-1001

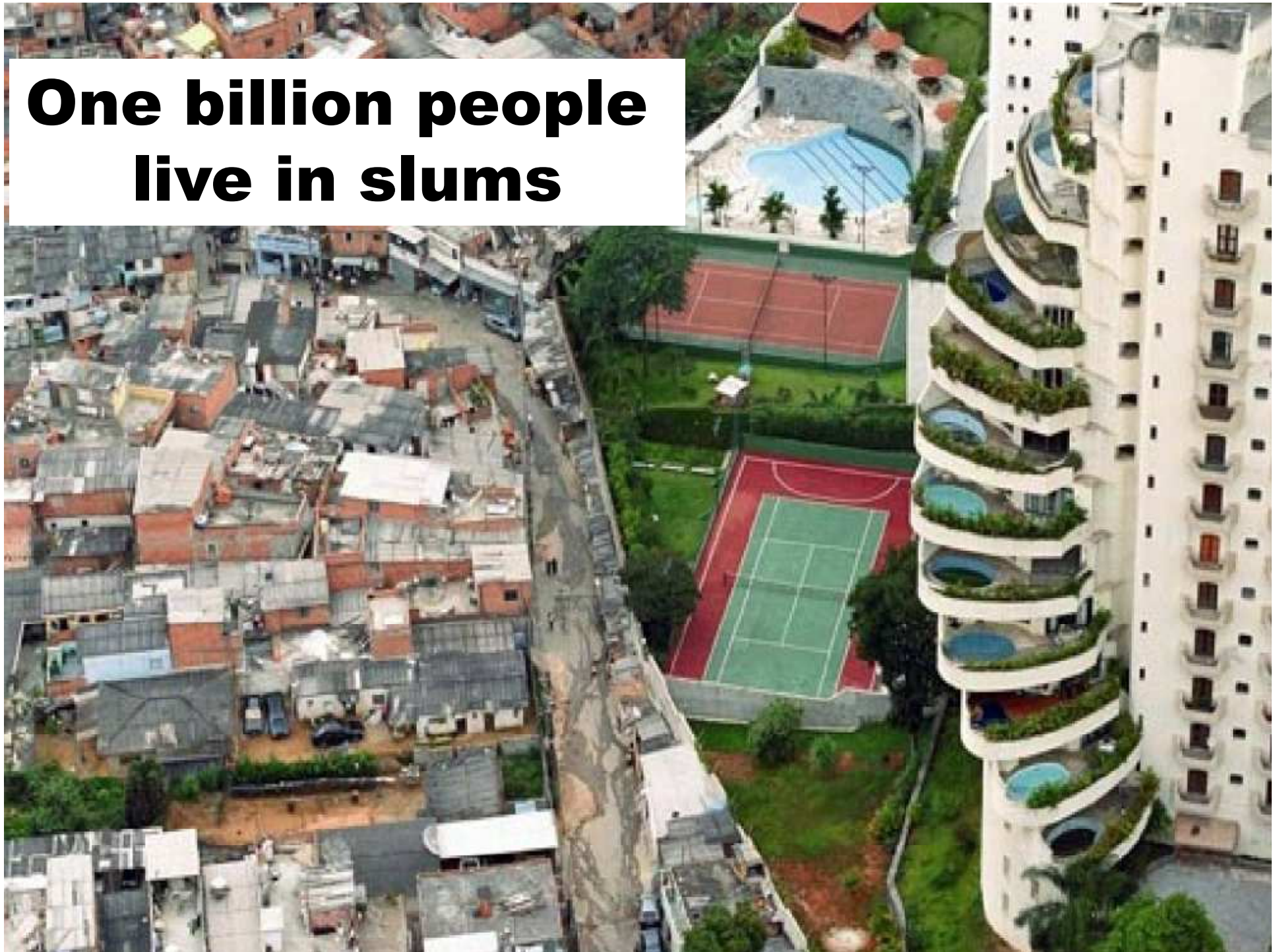


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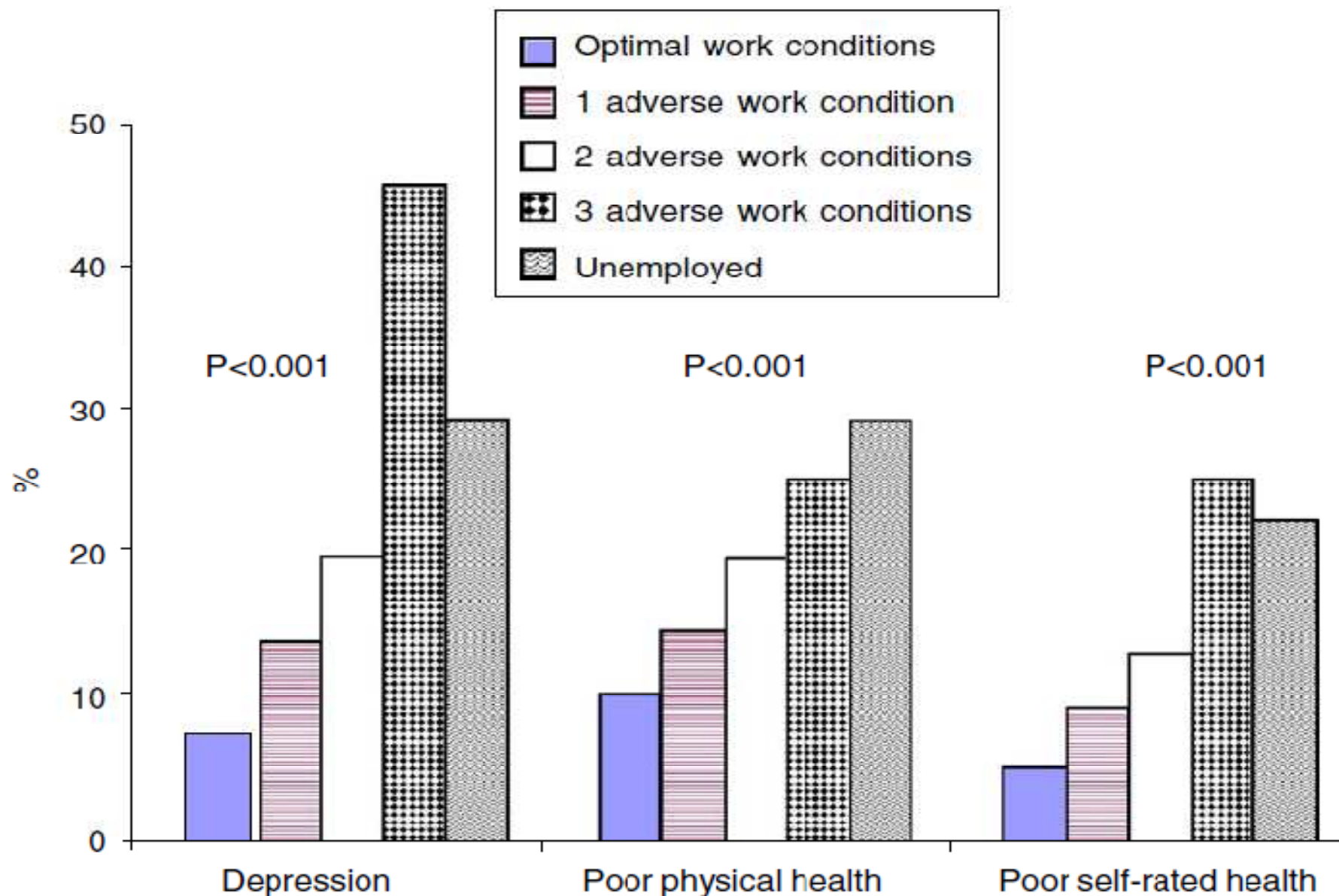
Improve health equity through better social cohesion



**One billion people
live in slums**



Work and health, middle aged Australians

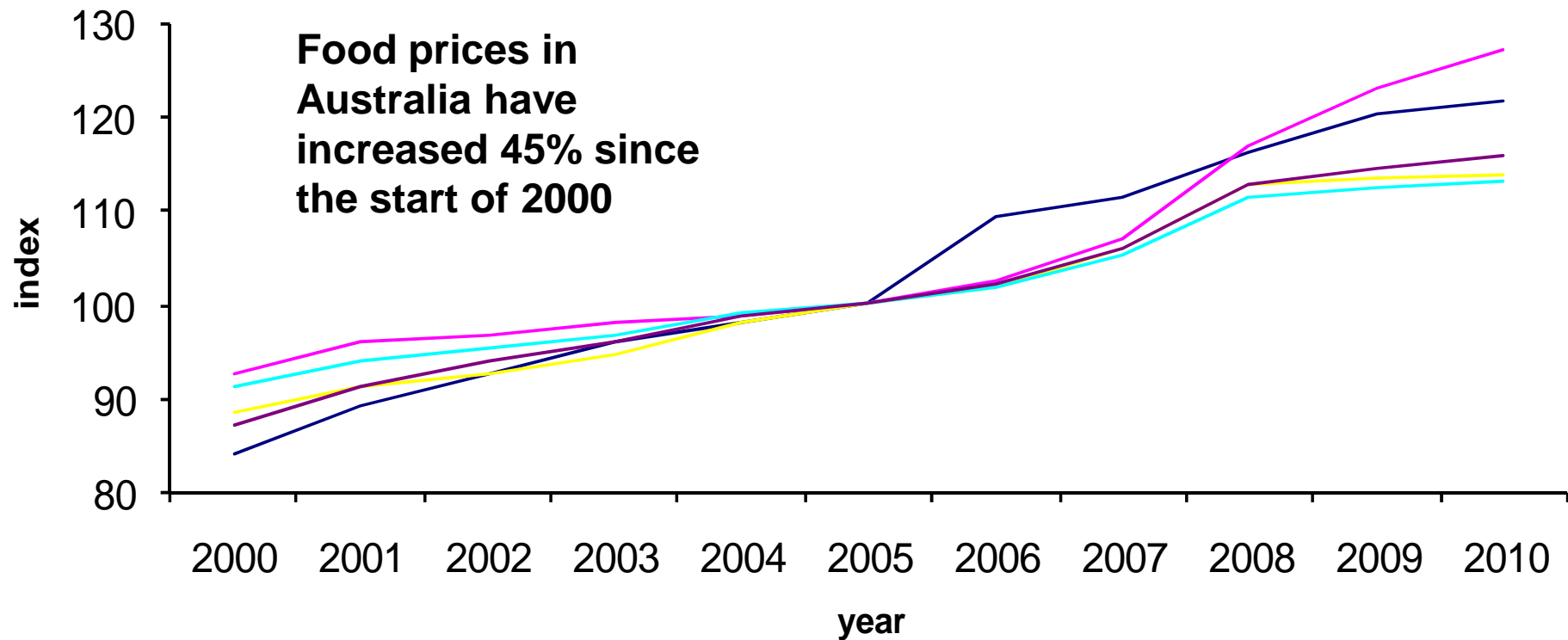




Affordability: Food prices

Consumer prices for food in Australia and other countries 2000-2010 (2005=100)

Source: OECD



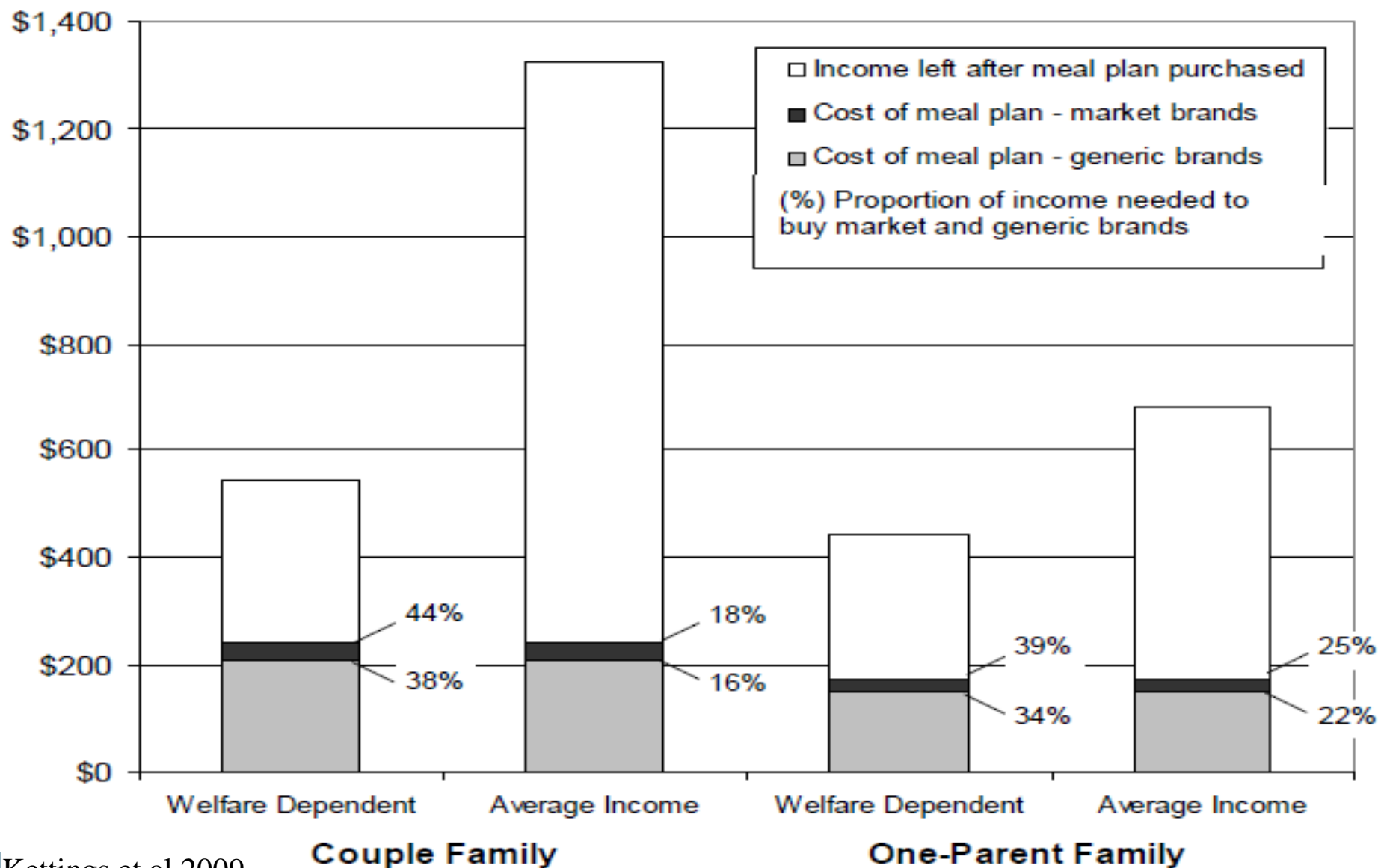
— Australia — United Kingdom — United States — G7 — OECD - Total

OECD data



Health Promoting social policy?

Cost of meal plan, Australia





Some pathways from climate change to health inequity

1. Poor housing conditions – higher risk of heat stress; injury
2. Poor working conditions – heat stress
3. Impaired food yields and price effects - food insecurity
4. Poor housing and sanitation – higher risk infectious disease

Adaptation is not an environmental issue

- Adaptation all about the quality of local development
 - reductions in poverty (more stable livelihoods, better housing, infrastructure and services) central to successful adaptation
- Adaptation needs strong local knowledge about likely changes and what can be done to adapt to these
 - Nature and mix of increased risks very specific to each place
- Adaptation needs effective, accountable local government, for what it does & what it supports/encourages
 - among households, community organizations, NGOs, private sector....
- (All these apply to rural and urban areas)



Understand, measure, evaluate, and expand the knowledge base

No data, no problem, no action

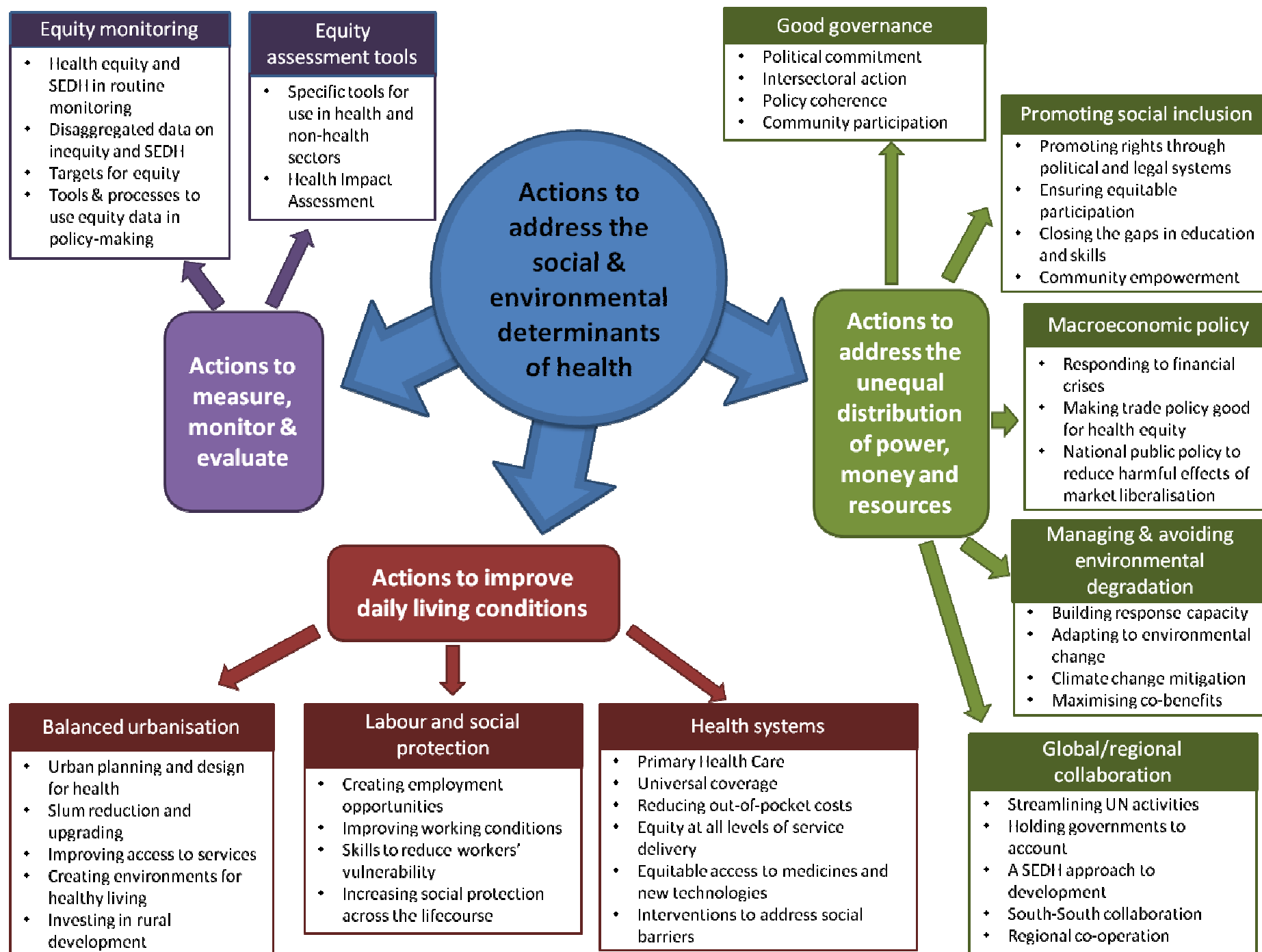
Claire Delperdange





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**Many entry points through which
to improve health and health equity**





Economic and social policies matter for health and health equity



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High level political will





HealthGAEN

Global Action for Health Equity Network

www.healthgaen.org



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Thank you